

## GOVERNMENT COMMITMENT TO PROVIDE ESSENTIAL MEDICINES

### THE MEDICINE ACCESS CRISIS

The Government of Uganda, through the Uganda National Minimum Health Care Package (UNMHCP), has committed to ensuring that the population has universal access to essential medicines at public health facilities. Uganda has an Essential Medicine and Health Supplies List (EMHSLU) classified by the level of care. The Annual Health Sector Performance Report 2013/14 indicates that the government has increased funding for medicines and health supplies (including antiretroviral drugs, Artemisinin Combination Therapies, Laboratory Commodities, Tuberculosis

drugs and Vaccines) from 201.7 billion in 2010/2011 to 219.4 billion in 2013/2014.

However, this funding level is still inadequate to guarantee universal access to essential medicines. The per capita government expenditure on EMHS in the FY 2013/14 was about US\$ 2.4, significantly lower than the estimated requirement in the HSSIP of US\$ 12. This leaves a funding gap which is financed by development partners and out of pocket expenditure. Despite some improvements over the years, the stock outs level of the indicator medicines in public health facil-

ities is still high. The percentage of health units with no stock outs of any indicator medicines in the previous six months was 60% in 2013/14, increasing from 43% in 2010/11 (MOH, 2014).

Besides funding, inadequate human resources; capital investment gaps; poor planning, prioritization and forecasting; inadequate data management and monitoring systems; non-supply of ordered items by National Medical Stores; poly pharmacy tendencies<sup>1</sup>; and abuse of the referral system<sup>2</sup> (MOH, 2014; BMAU, 2015<sup>3</sup>) are hindering the public sector mandate of providing medicines to meet the requirements for universal access.

<sup>1</sup> Characterized by some clinicians prescribing more drugs than needed

<sup>2</sup> Where drugs for un-referred cases crowd out provisions for referrals

<sup>3</sup> <http://www.finance.go.ug/dmdocuments/BMAU%20Briefing%20Paper%2015%20-%20Stock-outs%20of%20medical%20supplies%20in%20Uganda%20-%20What%20are%20the%20root%20causes.pdf>

<sup>4</sup> Tackling Supply Chain Bottlenecks Of Essential Drugs: A Case Of Uganda Local Government Health Units, Pross Nagitta Oluka, Francis Ssenoga And Stephen Kambaza

<sup>5</sup> Tackling Supply Chain Bottlenecks Of Essential Drugs: A Case Of Uganda Local Government Health Units, Pross Nagitta Oluka, Francis Ssenoga And Stephen Kambaza

<sup>6</sup> HEPS UGANDA Citizen's Engagement to Stop Stock outs End line Survey April 2016

### GAPS IDENTIFIED UNDER - CITIZEN ENGAGEMENT TO STOP MEDICINE STOCK OUTS PROJECT

Premised on the above gaps in universal access to EMHS in Uganda, the Coalition for Health Promotion and Social Development (HEPS - Uganda) has been implementing the Citizen Engagement to Stop Medicine Stock outs project with support from the Governance, Accountability, Participation, and Performance Programme (GAPP) implemented by Research Triangle International (RTI). The project was aimed at contributing to increased availability of essential medicines and medical supplies in public health facilities in Uganda by fostering action, engagement and participation of community based actors. The project was implemented in Kiboga and Lira districts in 10 public health facilities.

Empirical studies and experiences from the communities in the two districts point to structural supply chain constraint in the supply of essential drugs hence the persistent medicines stock outs<sup>4</sup>.<sup>5</sup>Ab-

sence of these medicines reduces the quality of life and more still exacerbate illness. Preliminary findings from the project end-line survey corroborate the baseline survey findings and other studies which showed that medicine stock outs in public health facilities were strongly as a result of deficiencies in the supply chain of medicines as explained below;

Findings from the end line survey (supra) indicates that the "health centre IIIs and IVs are affected by poor procurement practices and logistics with shortfalls like non-supply of ordered items and blockages in the feedback mechanism from the health centres to NMS. This renders the overall improvement in the medicine situation non impactful.

Kiboga District hospital receives 61 million bi-monthly (FY 2015/16) and it's likely to reduce to 60.5 million this FY (2016/17). Health workers stressed



that the budget is inadequate and has been affected by the increase in the dollar rate. Kiboga district - health unit procurement plan prioritizes essential medicines on demand because of the inadequate budget.

<sup>7</sup>The kit based arrangement under the push system has limitations; the supply of drugs is constant yet the population is growing, the scope of drugs is small especially antibiotics. Wide range of medicines is normally ordered for at HCIV level and above but they are never delivered. The kit should meet the needs of the growing population.

Across facilities expiries contribute to stock outs and are as a result of over stocking and stocking of medicines with short shelf life. In 2013, National Medical Stores (NMS) issued guidelines requiring health facilities to take stock of expired drugs and send them back to the stores. Available information indicates that National Medical Stores destroys expired drugs frequently. In April 2016, it was reported in the media that there was a stock pile of expired essential drugs worth Shillings 160 million in Kasese District Medical Stores .

The Office of the Auditor General (OAG) Value for Money Report 2010 highlighted a general countrywide concern of people dying of treatable diseases such as malaria arising from patients' failure to access drugs in public health facilities.

## RECOMMENDED POLICY INTERVENTIONS

1. National Medical Stores should review the key bottlenecks in the supply chain and address them to find a sustainable solution for effective and efficient delivery of medicines.
2. Ministry of Health, Local Government and regulatory bodies such as National Drug Authority must consider adequate investment in training the various stakeholders in the essential medicines supply chain.
3. NMS to effectively respond to emergency orders and cover all the expenses for delivery. Emergency orders arise due to non delivery of some ordered items and this results in transport expenses on the side of the hospital.
4. The Government of Uganda should increase budget allocation for essential medicines to meet the community demand.
5. Address the current gaps in the medicines supply chain, specifically in the areas of quantification, content of delivery kits versus orders and consistency of delivery schedules.
6. Government should simplify and popularize the present procurement regulation so as to make it operational and more understandable and convenient than it is today.
7. Government should enforce the implementation of the procurement policy and regulation and promote participatory engagement, trust, collaboration and partnership of all players in the supply chain of essential drugs.
8. Promote transparency and integrity in the supply chain through creating channels for informational flows (ICT development), checks and balance and systematic monitoring mechanisms that will facilitate professionalism.

## REFERENCES

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- HEPS-Uganda citizen's engagement to stop stock outs end line survey May 2016
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- <http://www.finance.go.ug/dmdocuments/bmau%20briefing%20paper%2015%20%20stockouts%20of%20medical%20supplies%20in%20uganda%20-%20what%20are%20the%20root%20causes.pdf>
- Budget monitoring and accountability unit briefing paper 2015.

<sup>7</sup>HEPS UGANDA Citizen's Engagement to Stop Stock outs End line Survey April 2016

<sup>8</sup> [www.ugandaradionetwork.co.ug](http://www.ugandaradionetwork.co.ug)

<sup>9</sup> Budget Monitoring and Accountability Unit Briefing Paper 2015